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TB CARE I

TB CARE I - Kyrgyzstan

Year 2

Annual Report

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List of Abbreviations

APA2	Annual Plan of Activities Year 2
DOTS	The internationally recommended strategy for TB control
GF	Fund to Fight AIDS, TB, and Malaria
HIV	Human Immunodeficiency Virus
HQ	Headquarters
HSS	Health Systems Strengthening
HW	Health Worker
IC	Infection Control
KNCV	KNCV Tuberculosis Foundation
MDR-TB	Multidrug-Resistant TB
M&E	Monitoring and Evaluation
MoH	Ministry of Health
NCP	National Center of Phthisiology
NRL	National Reference Laboratory
OR	Operational Research
PMDT	Programmatic Management of Drug-Resistant TB
QHCP	Quality Health Care Project
SLD	Second-Line Drug
SOP	Standard Operating Procedure
SRL	Supra-National Reference Laboratory
TA	Technical Assistance
TB	Tuberculosis
USAID	United States Agency for International Development
WHO	World Health Organization

Executive Summary

The USAID supported five-year (2010 -2015) program TB CARE I is implemented in Central Asian countries by KNCV Tuberculosis Foundation. TB CARE I started its programs in Kyrgyzstan in July of 2011.

TB CARE I is implemented in select geographic areas in Kyrgyzstan: capital of the country Bishkek and Issyk-Kul oblast. The collaborating partners of TB CARE I are National TB Program, Ministries of Health, Internal Affairs, Justice, Labor and Social Defense, Prison Service. TB CARE I also collaborates with international organizations and projects, such as USAID Dialogue TB/HIV Project, Quality Health Care Project, Supranational Laboratory in Gauting, MSF, ICRC, AFEW; and other donors, such as GFATM, World Bank, KfW, to ensure proper coordination and effective allocation of resources.

Notable achievements during the first year of TB CARE I include the following:

Universal and early access

- The joint plan for TB control in prison and general TB services was developed by TWG under TB CARE I leadership for improving collaboration between general and prison TB services. The final version of the joint plan was presented at TWG meeting and Coordination Council in September.
- A working group has been established to promote the development and piloting of outpatient model of care in Bishkek city. The model is expected to be finalized by the end of 2012, and piloted in 2013.

Laboratories/ Xpert implementation

- TB CARE I facilitated the process of the development of the national GeneXpert strategy, under the umbrella of NRL. With input from TB CARE I regional and international consultants, the draft strategy was developed and submitted to NTP for review.
- With support of TB CARE, draft version of the Lab Maintenance Guideline with list of technical specifications and SOPs for TB laboratories was developed and submitted to NTP for adoption.
- With support of SNRL in Gauting, TB CARE provided training for 14 participants from all regions of Kyrgyzstan on modern laboratory management policy and practice.
- A refresher training course on the use of GeneXpert was conducted by the Regional Lab Officer Bela Kim in Yssyk-Ata district of Chui Oblast (QHCP site) in order to prepare lab staff of the site to operate the Xpert machine on August 25-30, 2012, under collaboration with QHCP.

Infection control

- TB IC guidelines were developed with input from TB CARE I consultant. The guideline is currently undergoing the final external review.
- ToT on infection control was conducted for infection control specialists from TB facilities, prisons, Postgraduate Institute and SES. TB CARE shall utilize this pool of trainings in IC activities next year.
- Sixteen infection control specialists from TB facilities, Postgraduate Institute and SES were trained in the risk assessment infection control course.

Program Management of Drug Resistant TB

- TB CARE I provided technical assistance on the development of MDR TB guidelines and TB in Children guidelines. The guidelines are close to being finalized and expected to be adopted in November of 2012.

TB/HIV

- The strategy on TB/HIV was developed with TB CARE I support.

Health System Strengthening

- The new country National TB Program 4 was finalized with support of TB CARE I staff.
- TB CARE I provided professional development opportunities for four TB professionals from NTP, regional and Prison TB services to upgrade their skills in MDR TB management in Tartu, Estonia and Riga, Latvia.

Introduction

In Kyrgyzstan TB CARE I project is implemented in select geographic areas in Kyrgyzstan: the capital of the country Bishkek and Issyk-Kul oblast. KNCV is the only coalition partner in the country for TB CARE I.

In APA2, TB CARE I worked in the following technical areas:

1. Universal and Early Access – under this technical area TB CARE project focused on improvement of TB control in prisons, and introduction of international recommendations on childhood TB.
2. Laboratories – technical assistance was provided for the development of National Laboratory Plan, Laboratory Maintenance Guideline and SOPs and implementation of new diagnostic tool (Xpert MTB/Rif).
3. Infection control –technical support was provided for the development of national TB-IC Plan and National IC Guideline based on the results of TB-IC assessment. TB CARE I also contributed to building TB-IC capacity in local engineering companies.
4. Health Systems Strengthening – TB CARE I contributed to strengthening local capacity in strategic planning, and various technical areas of TB control by providing professional development opportunities for NTP staff and local TB professionals.

TB CARE I provides technical assistance to support USAID's TB strategy in country in collaboration with other USAID funded initiatives, such as QHCP and Dialogue on TB/HIV. TB CARE I also works in close collaboration with the National TB programs, Ministries of Health, Internal Affairs, Justice, Labor and Social Defense and Prison Service, and other country stakeholders.

Universal Access

In Universal Access, TB CARE I focused on the facilitation of development of the joint plan between NTP and Prison Service, and introduction of improved outpatient model of care.

Technical Outcomes

Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline (Year or timeframe)	Target Y2	Result Y2	Comments
(1)	1.2 Increased quality of TB services delivered among all care providers (Supply)	Prison with DOTS	This indicator measures the coverage of prisons providing DOTS 1.2.3 Prisons with DOTS Indicator Value: Percent Numerator: Number of prisons providing DOTS Denominator: Total number of prisons in the country	2 (66.7%) (2011)	3 (100%)	3 (100%)	Prisons providing DOTS in two colonies, 27 for MDR patients and 31 for sensitive cases and PDR. Also DOTS provided in colonies for women's and teenagers. Detection of TB cases provided in all colonies.
(2)	1.2 Increased quality of TB services delivered among all care providers (Supply)	Outpatient care model approved and implemented	NTP must develop and approve Protocol on outpatient model of care Value: Yes/No Level: TB CARE I geographical area (Bishkek) Source: TB CARE I Means of Verification: Order	No (2011)	yes	no	TWG established on outpatient model of care. The first draft of the model is being developed.

Key Achievements

- The joint plan for TB control in prison and general TB services was developed by TWG under TB CARE I leadership for improving collaboration between the two sectors. The final version of the plan was presented at the Coordination Council meeting in September.
- A mission for the development of outpatient care model was conducted to analyze local needs and capacities for piloting the new model on September 12-20, 2012. A draft protocol was developed, with support from TB CARE I Regional Technical Officer and KNCV HQ Consultant.

Challenges and Next Steps

Challenges:

- There is insufficient collaboration between the general and prison TB services. The transitional care mechanism needs improvement to ensure continuum of care.
- There is no shared vision on how to administer outpatient treatment between key stakeholders, with fragmentary implementation in various settings.

Next steps:

- Submit the joint plan for approval and adoption by all parties.
- Develop the draft of outpatient care model in pilot sites, based on resources available and local needs.
- Following the piloting of the model, facilitate the development of a national approach to outpatient care.



Picture1. Discussion of the joint plan for TB control in prison and general TB services
Head of the Prison Service medical department answers questions

Laboratories

In Kyrgyzstan, several partners, such as MSF and TB REACH, have imported GeneXpert machines. The machines are operated based on individual project policies, algorithms and protocols, while there is a lack of standard national approach to GeneXpert implementation in the country. Under the umbrella of NRL, TB CARE I provides technical assistance to the development of national GeneXpert strategy with collaboration of key national and international partners.

Technical Outcomes

Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline (Year or timeframe)	Target Y2	Result Y2	Comments
(1)	2.1 Ensured capacity, availability and quality of laboratory testing in country needed to support the diagnosis and monitoring of TB patients	Maintenance guideline developed and included to the National Laboratory plan	2.1.3 National laboratory maintenance guidelines and SOPs for civil and prison TB services Indicator Value: Yes/no Level: National Source: NTP Means of Verification: NTP order	No (2011)	yes	no	Kyrgyz lab specialists were introduced to international standards on lab maintenance. As a result of TB CARE activities, the draft Lab Maintenance Guideline with the list of required equipment and SOPs for TB laboratories were developed with participation of NRL specialists. Draft Lab Maintenance Guideline has yet to be finalized and adopted by NTP in APA3.
(2)	2.3 Ensured optimal use of new approaches to the laboratory confirmation of TB and incorporation in national strategic lab plans	Xpert strategy developed and included to the National Laboratory plan	2.3.4[OUTPUT] Description: Technical working group on Xpert MTB/Rif established at National level Indicator Value: Yes/No Level: National Source: NTP Means of Verification: NTP order	No (2011)	yes	yes	Draft version of GeneXpert strategy was developed with input from all partners and under coordination of NRL. The final version of the national GeneXpert strategy was presented at the Coordination Council in late September, to be adopted by NTP in October.

Key Achievements

- TB CARE I conducted several workshops with participation of its regional and international consultants, as well as representatives of partners and NTP, to help develop the national GeneXpert strategy. After intensive deliberations and review, the draft strategy was developed

and presented to NTP and partners in late September. It is expected to submit the strategy for NTP adoption in October.

- An international consultant on laboratory equipment maintenance visited different laboratories around Bishkek and prison TB services, and developed recommendations for laboratory technicians. Following the assessment, twelve participants, including laboratory specialists from prison and general TB services, along with specialists from private companies providing lab equipment, gathered at a workshop which covered international standards of laboratory maintenance. As a result of the mission, the draft version of Lab Maintenance Guideline was developed and submitted to NTP for adoption.



Picture 2. International consultant on laboratory maintenance, Franco Ramoso, demonstrates to the laboratory specialists the quality of work biodiversity box.

- An expert from SNRL conducted training on laboratory management system in August of 2012. 14 participants from all regions of the country learned about modern Laboratory Management Systems principles and practices.



Picture 3. 14 laboratory specialists from all regions were trained on Laboratory Management.

- A refresher training on use of Xpert was conducted by Regional Lab Specialist Bela Kim in Yssyk-Ata rayon of Chui Oblast (QHCP site) in order to prepare lab staff of the site to operate

the Xpert machine, on August 25-30. The operation of the GeneXpert machine in Issyk Ata started in September.

Challenges and Next Steps

Challenges:

- Difference in policies among partners operating GeneXpert machines led to a delay of the national strategy finalization.

Next steps:

- Plans were drafted for the development of maintenance solutions and SOPs. They will be further adapted to local laboratories' conditions.
- The national GeneXpert strategy will be incorporated in the National Laboratory Plan. New algorithms to be also included into the DR guidelines.
- National maintenance guidelines will be finalized and incorporated in the National Laboratory Plan.

Infection Control

In Infection Control, TB CARE I focused on the development of TB IC National Guideline, risk assessment training, and developing a pool of experts in IC on the national scale.

Technical Outcomes

Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline (Year or timeframe)	Target Y2	Result Y2	Comments
(1)	3.1 Increased TB IC Political Commitment	National TB IC guideline implemented	3.1.1 National TB IC guidelines have been approved and disseminated in accordance with the WHO TB IC policy Indicator Value: Yes/No	No (2011)	yes	no	TB IC guidelines finalized and presented at the Coordination Council. The guidelines are currently under the external review by a TB CARE I consultant
(2)	3.3 Strengthened TB IC Monitoring & Measurement	Training on TB IC Monitoring & Measurement conducted	3.3.3 [OUTPUT] Description: Number of specialists in country trained in TB-IC and IC M&E and skilled in use of IC equipment Indicator Value: Number Level: National Source: TB CARE I report Means of Verification: approved list of trained specialists	0 (2011)	12	16	16 specialists from TB facilities around the country, Postgraduate Institute and SES trained (14 female, 2 male)
(3)	3.4 Improved TB-IC human resources	Training of trainers on TB IC conducted	3.4.1 A team of trained trainers in TB IC is available Indicator Value: Yes/No	No (2011)	yes	yes	16 specialists from TB facilities, Postgraduate Institute and SES trained in ToT on TB infection control (14 female, 2 male)

Key Achievements

- TB IC guidelines were finalized and presented at the Coordination Council. The guidelines are currently under the external review by a TB CARE I consultant.
- A ToT on infection control was conducted for infection control specialists from TB facilities, prison, Postgraduate Institute and SES. TB CARE shall utilize this pool of trainings in IC activities next year.

- Training on risk assessment was conducted for infection control specialists from TB facilities, Postgraduate Institute and SES



Picture 4. Training on TB IC monitoring and management. Working in small groups.



Picture 5. TB CARE I consultant Ieva Leimane providing a fit test.

Challenges and Next Steps

Challenges:

- In TB facilities, there is absence of updated IC regulations on airborne infections. TB specialists not have enough knowledge on TB IC and risk assessment.

Next steps:

- TB CARE shall facilitate the external expert review of the IC guidelines, and further submission to NTP and MoH for approval.
- Trained specialists will conduct trainings on TB IC for personnel of TB facilities, PHC facilities, SES and penitentiary TB facilities in pilot sites, with support of TB CARE I in APA3.

- Trained specialists will conduct risk assessment trainings at facility level with support of TB CARE I specialists in APA3.

Health System Strengthening (HSS)

TB CARE I provided a number of professional development opportunities for NTP and local TB professionals, to build the local capacity in TB control at various levels.

Technical Outcomes

	Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline (Year or timeframe)	Target	Result	Comments
					Y2	Y2	
(1)	6.2 TB control components (drug supply and management, laboratories, community care, HRD and M&E) formed integral part of national plans, strategies and service delivery of these components	6.2.3 People trained using TB CARE funds	Indicator Value: Number of people Numerator: Number of people trained disaggregated by gender and type of training.	2 specialists from NTP: 1. Childhood TB - 1 (woman) 2. IUATLD course on Strategic planning - 1 (woman) (2011)	62 people: 1. TB IC monitoring and measurement - 20 2. TB-IC in TB control - 20 3. TB-HIV - 20 4. international - 2	50 people: 1. TB ic monitoring and measurement - 16 2. TB-IC in TB control = 16 3. TB-HIV - not approved 4. international = 4 5. 14 heads of laboratories trained on lab management	80% from targeted number was achieved (50 people trained out of 62). Reduction is attributed to a hold put on TB/HIV activities.

Key Achievements

- Sixteen local specialists were trained in a ToT infection control course.
- Sixteen specialists were trained in risk assessment infection control course.
- One specialist from Republican Center for Monitoring and Epidemiology was trained in Tartu, Estonia in WHO course on TB Control.
- Three specialists from NTP (one from MDR department of National center of Phthisiology, one from Yssyk-Kul oblast TB center and one from Prison Service) were trained in Riga, Latvia, in International Advanced Training Courses on Clinical Management of Drug Resistant Tuberculosis for WHO European Region Countries, from August 27 to September 7, 2012.

Challenges:

- Poor knowledge of NTP staff in current TB control policy and practice.

Next steps:

- Trained specialists will conduct trainings for their peers at their workplaces.